

ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)
Child Protective Services (CPS)

REQUEST FOR CHILD PROTECTIVE SERVICES REPORT

CPS reports are confidential and can be released only to those individuals and agencies authorized by law (A.R.S. § 8-807 and § 41-1959). This form is to be used by persons who believe that a report has been made about them. Parents may request a report on behalf of their children and legal guardians may request reports on behalf of the child. This form is not to be used to release other types of legally authorized information. DES will strike out (redact) information as required by law including the identity of the reporting person. The requester should provide information as completely and accurately as possible to facilitate the search. **Your signature must be notarized, or identity verified. Mail the notarized form to the Child Abuse Hotline (050C-3), P.O. Box 44240, Phoenix, AZ 85064-4240;** or you may deliver the completed form to your local CPS office and it will be forwarded to the Hotline for response. Retain a copy of the form for your records. You will be provided with copies of any reports you are entitled to or will be notified that there are no reports.

*DES requests that you provide your Social Security number. The Social Security number is not required to be provided by you in order to obtain the records you seek. However, supplying one or more of these numbers will greatly assist in matching your request to the correct individual(s), if any, in the CPS electronic records systems.

*The records request form you provide to CPS will be maintained for the period required by state law, but the Social Security number(s) will only be shared or released pursuant to law or a court order. If you do not supply one or more Social Security number(s) as requested, CPS may not be able to identify the records you seek.

REQUESTER'S NAME (Last, First, M.I.)		BIRTHDATE	*SOC. SEC. NO.
REQUESTER'S ADDRESS (No., Street, City, State, ZIP)		REQUESTER'S PHONE NO.	
		Work:	Home:
REQUESTER'S MAILING ADDRESS IF DIFFERENT FROM ABOVE (No., Street, P.O. Box, City, State, ZIP)		APPROXIMATE DATE(S) OF THE CPS REPORT(S)	
CHILD VICTIM'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD VICTIM'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD VICTIM'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD VICTIM'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD MOTHER'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD MOTHER'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD'S FATHER'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
CHILD'S FATHER'S NAME	OTHER SPELLINGS	BIRTHDATE	SOC. SEC. NO.
OTHER DATA TO HELP IDENTIFY THE REQUESTED REPORT			

I hereby certify that I am the person indicated above, and that to the best of my knowledge I am:

- an adult about whom a CPS report has been made
- a parent of a child about whom a CPS report has been made
- a legal guardian of a child about whom a CPS report has been made (a copy of the guardianship orders must be attached)
- a legal custodian of a child about whom a CPS report has been made (a copy of the custody orders must be attached)

SIGNATURE OF THE PERSON REQUESTING THE REPORT	DATE
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WITNESSED BY

STATE OF ARIZONA)
) SS.
County of)

_____, known to me or
having been satisfactorily proven to be the person described in, and the executor of the foregoing instrument for the purpose therein
contained, personally appeared before me on this _____ day of _____, 20_____ .

(Signature of Notary Public) (Date) (My commission expires)

VERIFICATION BY CPS STAFF OF DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION OF AN INDIVIDUAL WHO PRESENTS HIM/HERSELF PERSONALLY,
AND A NOTARY PUBLIC IS UNAVAILABLE.

CPS Staff Person _____ CPS Staff Person _____
(Print Name) (Signature)

Type of Identification _____ Date _____

(Do Not Write Below This Line)

FOR AGENCY USE ONLY

- No report found.
Note: Reports are deleted according to
timeframes in A.R.S. § 8-804 or
never existed
- Request for information is denied
because requester is not entitled to it
under A.R.S. § 8-807

Number of Reports Attached _____

Required redactions have been completed

(Print Name of Program Manager/Designee)

(Signature of Program Manager/Designee) (Title Program Manager/Designee) (Date)

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. - Disponible en español en la oficina local.